

GEORGIA BOARD OF PHARMACY
Conference Call
2 Peachtree St., NW, 6th Floor
Atlanta, GA 30303
April 13, 2022
9:00 a.m.

The following Board members were present:

Dean Stone, President
Michael Azzolin, Vice-President
Michael Brinson
Young Chang
Cecil Cordle
Chuck Page
Bill Prather

Staff present:

Eric Lacefield, Executive Director
Dennis Troughton, Director, GDNA
Michael Karnbach, Deputy Director, GDNA
Max Changus, Assistant Attorney General
Brandi Howell, Business Support Analyst I

Visitors:

Catherine Akin, PharmD
Dr. Keri Riddick
Helen Sloat
Joe Ed Holt
Diane Sanders
Stephanie Kirkland
Melissa Reybold
Josef Wills
David White
Dr. Justin Toth

Open Session

President Stone established that a quorum was present and called the meeting to order at 9:02 a.m.

Mr. Lacefield asked the visitors on the call to send an email via the “Contact Us” portal on the website if he/she would like his/her name reflected as being in attendance in the minutes.

Approval of Minutes

Mr. Brinson made a motion to approve the Public and Executive Session minutes from the March 16, 2022, Conference Call. Mr. Prather seconded, and the Board voted unanimously in favor of the motion.

Report of Licenses Issued

Mr. Brinson made a motion to ratify the list of licenses issued. Mr. Page seconded, and the Board voted unanimously in favor of the motion.

Petition for Rule Waiver or Variance

Rule Waiver Petition from Maxor Specialty Pharmacy, PHHH000053: Mr. Azzolin explained that this facility submitted a request that was considered by the Board in February. He stated that, at that time, Maxor Specialty Pharmacy requested a waiver of Rule 480-36-.02(1), which states that pharmacies which perform remote prescription drug order processing shall be independently licensed as a retail pharmacy by the Board and physically located within the State of Georgia. He further stated that the Board has already granted that request. Mr. Azzolin continued by stating that

the Board requested they submit a petition for a waiver of Rule 480-36-.02(2), which is what was being considering today.

Mr. Prather inquired if it would be better to table the petition until a decision is reached on the proposed amendments to Chapter 480-36 Retail Pharmacy Requirements for Remote Prescription Drug Order Processing. President Stone responded that he felt the Board should proceed with considering the petition in case there is a delay with the proposed amendments. Mr. Page commented that he initially had the same question as Mr. Prather, but after reviewing it further, he agrees with President Stone and thinks the Board should grant the waiver.

Mr. Brinson commented that right now the Board requires a licensed Georgia pharmacist; however, in the proposed rule that will be discussed later, it does not have language about a pharmacist licensed in State of Georgia. Mr. Azzolin responded that subsection (2) of Rule 480-36-.03 requires there to be a Georgia licensed pharmacist on staff. He added that it will be clearer when the Board changes the rule in the future because it will require every pharmacist filling a prescription to be Georgia licensed. Mr. Azzolin stated that the current rule does require a Georgia licensed pharmacist on staff.

Mr. Changus stated that he wanted to remind the members about what rule waivers are supposed to accomplish. He further stated that the Board should determine if the requestor has established a unique hardship that recommends waiving of the rule. Mr. Changus stated that a unique hardship is a substantial hardship and something that has a unique set of circumstances. Mr. Changus stated that the Board has looked at this in the past with someone offering a specialized service; however, this seems to be something that would impact everybody. He stated that the Board may determine there is a hardship, but suggested the members may want to remember that sort of framework. Mr. Changus stated that there have been requests in the past where people have requested a waiver from the Board and it may apply to many companies. He explained that in this particular case, the Board may want to make sure there is a substantial hardship that affects this company uniquely.

Mr. Azzolin responded to Mr. Changus' comments regarding a hardship. Mr. Azzolin stated that this company provides medications for patients with cystic fibrosis. He added that the company is a specialty pharmacy for that purpose. He stated that the company needs pharmacists who are trained in that area to provide that level of care. He further stated that the pharmacists in Texas are capable of doing that, but the company wants to be able to do remote services in a Georgia pharmacy. Mr. Azzolin stated that Maxor Specialty Pharmacy cited a financial hardship as a reason. He continued by stating that when looking at the rule registry and the reasons for the requests, the Board has waived things such as not requiring 150 square feet, or a balance. He stated that the majority of the requests have been due to financial hardship. Mr. Azzolin stated that having to hire a specialty pharmacist just to work in Georgia is a financial hardship.

Mr. Prather inquired if this was against the current rule for an out of state pharmacist to do remote processing. President Stone stated that he thought the Board had previously discussed that. Director Troughton responded by stating that is the part of the rule the Board waived previously. Mr. Azzolin stated that there was another pharmacy in February that was granted a waiver for the same reason(s).

President Stone asked for Mr. Changus' input. Mr. Changus responded by stating that he just wanted to introduce the analysis of where the Board has to make the determination as to if there is a substantial hardship and the Board is having that discussion now.

Mr. Chang stated that he supports this, but inquired if the Board was opening itself up until the rule was amended. He stated, to Mr. Prather's point, he thinks the Board will see more requests until the

rule has been changed. Mr. Chang stated, to Mr. Changus' point, the petitioner will have to prove a hardship for every situation, and it is the Board's duty to look at it and make a determination as to if a hardship has been demonstrated.

Mr. Brinson commented that the issue he has is they do not have a pharmacist licensed in Georgia. He continued by stating that the rule that will be discussed later in the meeting will say the pharmacist has to have a license in Georgia. He stated that once the Board votes on this, it is out on the rule registry permanently and there is nothing the Board could do against this company. Mr. Changus responded by stating that once the Board imposes a new rule, it applies formally across the Board and when the Board puts in a requirement that is necessary going forward, it is saying that rule should apply to everyone. He stated that being granted a waiver in the past, does not preclude the Board from imposing a different rule in the future.

Mr. Page requested the Board table its discussion on the rule petition until after it discusses Chapter 480-36 Retail Pharmacy Requirements for Remote Prescription Drug Order Processing later today. Mr. Lacefield responded that the Board could table its discussion until after the discussion on the rule amendments, but it must vote yay or nay on the petition today. Mr. Page stated that if the Board discusses the rule changes first, maybe that will answer some questions or eliminate some fears. Mr. Azzolin stated to keep in mind the facility is requesting to waive the requirement for the Texas pharmacy to be a retail pharmacy licensed in Georgia because they cannot obtain a Georgia retail license. He further stated that Maxor Specialty Pharmacy was granted a waiver in February to use their out of state pharmacy. He stated it has already been approved. Mr. Azzolin continued by stating that now the facility is requesting approval to use their non-resident pharmacy permit to be able to provide the services because they cannot obtain a retail permit. He requested the members to keep in mind what it has already waived. Mr. Azzolin stated that the proposed amendments to Chapter 480-36 Retail Pharmacy Requirements for Remote Prescription Drug Order Processing does not mention the need for a retail pharmacy permit. He further stated that part has been stricken. Mr. Azzolin stated that the Board recognized that an out of state pharmacy cannot have a Georgia retail permit, but can have a non-resident permit. Mr. Azzolin explained that this has been addressed in the rule amendments, and if passed, will not be an issue with or without a waiver.

Correspondences

Correspondence from John Usry, PruittHealth Pharmacy Services: Mr. Usry was on the call and spoke to the Board. He stated PruittHealth is a healthcare conglomerate consisting of skilled nursing centers, assisted living communities, etc. Mr. Usry stated that they have had an increased challenge related to getting their hospice patients pain medication during off hours. Mr. Usry requested guidance on the rule related to providing medications out of a cubex or e-kit for hospice patients not residing in inpatient hospice units. He requested the Board confirm that e-kits are allowed to be placed by the pharmacy of the consultant or vendor pharmacist in any hospice agency and utilized for any hospice patient in all settings under Rule 480-24-.07.

President Stone stated that a hospice/inpatient center can utilize an e-kit for after hour emergencies for inpatients; however, those drugs cannot be used for outpatient settings. Director Troughton agreed and stated that is because those drugs are in a facility, like in a hospital, where there is a skilled license professional taking drugs out and administering those to the inpatients. He stated that if Mr. Usry is talking about using a cubex so that hospice/standalone facility can pull medications out for a patient at home, you are now talking about taking those medications out for the nurse to dispense, which he does not believe is legal.

Director Troughton gave an example. He stated that if there are five items in the home e-kit to give to the patient, that would require a patient-specific prescription be written for each of those items that are put in the e-kit, and then when the patient comes home with hospice service, the e-kit was

brought to the house. In terms of getting the e-kit there at nighttime, if these items are in a hospice facility, whether those items come from a pharmacy or the hospice facility, if they are needed at night someone has to go get them and take them to that home. Director Troughton stated they are asking to do it out of the hospice facility. He stated that it is the pharmacy's job to dispense the medications based on Georgia's law and rules. He further stated that he does not see how this could be a legal process.

Mr. Usry responded by stating that PruittHealth was not proposing any dispensing at the facility level. He stated the process used for the cubex requires authorization by a pharmacist with a valid prescription on file. He continued by stating that they have never allowed anything out of the cubex related to a controlled substance unless there was a prescription on file. Mr. Usry explained that PruittHealth has outlining areas and needs to be able to provide this service in the middle of the night for the patient. He stated that, in having the cubex in a controlled environment where the pharmacist has control over it, albeit remotely, it releases the medications to a licensed hospice nurse who takes it to the patient in his/her home. Mr. Usry stated that PruittHealth is requesting to do this in emergency type situations and not looking to be continuously dispensed. He stated that he is talking about a licensed hospice agency and they are not trying to skirt any law. He further stated that they are just trying to take care of patients. Mr. Usry stated there are not many pharmacies open in the night to get the medications to the patients expeditiously. He explained that having this type of remote system in a licensed hospice facility makes a lot of sense in order to take care of the patient. Mr. Usry stated the way the rule is written and the way the State of Georgia defines a hospice is through a "hospice agencies". He added that PruittHealth was not trying to place this where anyone can go and take the medication out.

Director Troughton responded that, in speaking for GDNA, he understands the nature of PruittHealth's business and the importance of the care for a hospice patient who chooses to pass in his/her home. He stated that the first line of Rule 480-24-.07 reads in part, "Emergency Drug Kits may be placed in licensed hospices..." Director Troughton stated the reason it says that is to control the primary drugs from hospices, which are controlled medications and majority schedule IIs. He stated that the process Mr. Usry is describing with the nurse taking the medication out of the cubex and driving it to patient's home is different than a nurse taking it out at the hospital and taking to the patient's room and having those records. In carrying it to the patient's home, he stated there may not be a record of administration even after the first dose. Director Troughton stated that, at this point, he does not believe this is a legal process in Georgia.

President Stone stated that this situation involves dispensing and taking a product that may have multiple doses to the patient's home. He stated he had concerns with labeling. He added that the Board has to think about the safety of other patients.

Mr. Azzolin asked if this would be an applicable situation where a RAMS could be utilized. He stated that he has never seen a RAMS and was not sure what it is capable of. Mr. Usry responded by stating that RAMS devices are very costly. He stated that what they refer to as a cubex is just a pretty e-kit. Mr. Usry stated that he wanted to reiterate that PruittHealth is not trying to dispense anything or have a nurse dispense anything. He further stated it would only a pharmacist dispensing remotely to a nurse for a hospice patient in need. Mr. Usry stated the State of Georgia defines hospice as a "hospice agency" and PruittHealth is asking to place an ADU into a hospice agency. He stated that PruittHealth is looking to allow the nurse to take the medication out of the cubex and take the medication down the road to the patient. He added that the retail stores are not preauthorizing it. Mr. Usry stated that we all talk about being a patient advocate; however, there needs to be a better process in taking care of these patients. He stated that State of Georgia Hospice Rule 290-9-43-.03(k) defines hospice as a licensed agency that provides hospice services to patients primarily in his/her home, but also on a short-term inpatient basis. He further stated that it does not

line up with Board Rule 480-24-.07. Mr. Usry commented that if the rule states “hospice”, in their opinion that would cover what they are asking for, but as a good citizen, that is why they are asking this question. He added that they want to have everything in order according to the Board’s requirements.

President Stone stated that at this time, there is nothing the Board can do but to take this matter under consideration and discuss at a later time. He asked if Mr. Changus had any comments. Mr. Changus responded that Director Troughton indicated what the issues were and it would require a different framework to meet the request. President Stone thanked Mr. Usry for his time.

Georgia Drugs and Narcotics Agency – Dennis Troughton

Director Troughton reported that GDNA conducted 1854 inspections and received 410 complaints for FY2022.

Mr. Brinson inquired if GDNA had any open positions. Director Troughton responded that there is one agent position open in Southwest Georgia.

Attorney General’s Report – Max Changus

No report.

Executive Director’s Report – Eric Lacefield

Continuing Education Report: Mr. Cordle made a motion to ratify the below continuing education programs approved since the previous meeting. Mr. Page seconded, and the Board voted unanimously in favor of the motion.

Date of Program	Hours	Sponsoring Group	Program Title	CE Code
02/01/2022-12/31/2022	4	Atrium Health – Navicent	Disorders	2022-0004
03/15/2022	1	Kaiser Permanente	Putting the Bottle Down: A Case Presentation on Substance Use	2022-0005

NABP Voting Delegate: Mr. Lacefield reported that NABP has requested the Board designate a delegate to vote on the Board’s behalf at the NABP Annual Meeting. Mr. Brinson made a motion to appoint Mr. Chang as the voting delegate, with Mr. Cordle being the alternate. Mr. Prather seconded and the Board voted unanimously in favor of the motion.

GPhA Convention Invitation: Mr. Lacefield stated he received an email from Lia Andros, GPhA, requesting each member RSVP directly to her regarding the GPhA Convention.

Discussion Topics:

Rule 480-11-.02 Compounded Drug Preparations: President Stone noted that correspondences from Dr. John Tarabula (Georgia Veterinary Medical Association), Dr. Heather Talley, and Jonathan Marquess (GPhA Academy of Independent Pharmacy) were received. President Stone stated that the Covid-19 pandemic really caused issues for all of us with getting medications delivered to patients, whether they are human or animals. President Stone asked if Dr. Justin Toth was on the call, and if so, to please share his concerns.

Dr. Toth was on the call and spoke to the Board. He stated that he appreciated the Board’s time. Dr. Toth provided information about his background and stated that he is the Immediate Past President of the Georgia Veterinary Medical Association (GVMA). He stated that he was very familiar with the current compounding rule. He further stated that over the past two years, there

have been unprecedented issues with the supply chain, shipping delays, etc. Dr. Toth stated that prior to the pandemic, veterinarians were using compounding medications and still are. He explained that veterinarians compound for backorder reasons or compound for the proper dosing of extreme weight ranges. He continued by stating that there are two common drugs that are compounded, Keppra XR and Pimobendan. Dr. Toth explained that Keppra is an excellent anti-seizure medication, but for any dog under 60 pounds the patient has to have the compounded version of Keppra XR. Dr. Toth explained that Pimobendan is a common cardiac medication that has been on back order very often. He stated that Pimobendan is truly a life or death drug. Dr. Toth stated that for medications, such as the two he mentioned, any lapse in treatment would place the patient in peril. He stated he has spoken with many pharmacists about this, and there is a misconception regarding veterinarian compounding. He further stated that several pharmacists thought veterinarians compounded their own medications. Dr. Toth stated veterinarians do not compound medications. He stated that veterinarians are not pharmacists and do not pretend to be. He explained that veterinarians purchase small batches of commonly used critical medications, such as Keppra XR and Pimobendan, for office dispensing. Dr. Toth stated that the batches are purchased from the local compounding pharmacy. He explained that at his hospital, they only carry about 10 products of compounded medications that are dispensed from office stock. He stated that compounding medications comprise less than 5% of the inventory. Dr. Toth stated that the GVMA is formally requesting to allow veterinarians to dispense 10-14 days of compounded medication from office stock. He explained that most compounding pharmacies shut down Friday at 5:00 p.m. and do not open until Monday morning. He stated that it is not uncommon for him to have a sick patient need a medication after 5:00 on a Friday and cannot call it in until Monday. Dr. Toth explained that by that time, three days have already passed before that medication is communicated to the local pharmacy.

Mr. Brinson stated he agreed with Dr. Toth on this matter. He explained that the rule was changed to 96 hours for the same reasons Dr. Toth just spoke of. He stated that most compounding pharmacies close on Friday at 5:00 p.m. and do not open until Monday and that is an issue. He further stated that he was in agreement when the Board passed Emergency Rule 480-11-0.47-.11, which allowed for no more than a 14 day supply to be dispensed for an urgent condition. Mr. Brinson stated that he is torn between 96 hours versus 14 days. He asked if the Board could come to an agreement on the length of time. He stated there is nothing to prevent any veterinarian from compounding and giving it out. He further stated that a veterinarian can compound anything. In regard to Keppra XR, Mr. Brinson commented that he would not use that as an example because Keppra XR cannot be crushed, at least for a human patient.

Mr. Page commented that if the Board were to consider four days and if the compounding pharmacy closes at 5:00 p.m. on Friday, and the veterinarian dispenses that medication on Friday to that owner, that would provide enough medication until Tuesday at 5:00 p.m. He added that the veterinarian will have all day Monday and all day Tuesday to get the medication from another pharmacy. Mr. Brinson responded that the reason the Board went with 96 hours was to include holidays such as Thanksgiving and Christmas. He stated if the compounding pharmacy closed on Wednesday, that would give them Thursday, Friday, Saturday, and Sunday, and the pharmacy would be back open on Monday.

Mr. Azzolin commented, to Mr. Page's point, that there is a four day window and it seems logical to get the prescription to the compounding pharmacy and get that done in a day. He stated that many times the patient requests the medications from a mail order pharmacy and inquired if the issue for the veterinarians was the delay from the mail order pharmacy, as it can take longer than 96 hours. or if the issue was when that prescription is sent to the local compounding pharmacy.

Dr. Toth stated that he wanted to clarify what he stated earlier regarding Keppra XR. He stated that it was his understanding it could be mixed and is a slow release. He stated that maybe he used the wrong terminology. In response to Mr. Azzolin's questions, Dr. Toth stated if the veterinarian calls in a prescription late on Friday, it will be Monday before the pharmacy can get it. He added that there are issues with items being on backorder. Dr. Toth gave an example of his personal pet having seizures, and because the medication needed was on back order, it took him 11 days to receive. He stated that he had the medication in office stock, so there was no lapse in coverage. Dr. Toth stated that the veterinarians want to make sure they are getting a rule that can account for problems down the line. He added that the supply chain is getting worse, not better. As far as mail order pharmacies, Dr. Toth stated there are definitely mail order pharmacies. He stated millennials love Chewy and others. He added that he does not think Chewy has a large compounding pharmacy. He stated that the majority of veterinarians in Georgia use local compounding pharmacies.

Mr. Azzolin responded by stating that he was not alluding to the fact that the patient should not have a choice. He stated that he was just trying to figure out the reason for the concern and asked if it was because mail order takes longer than an independent or local compounding pharmacy takes and if it is, that may be a reason for the Board to consider a longer number because patients do have a choice and that should not be a hinderance to why a patient chooses one location or another.

President Stone stated to Dr. Toth, veterinarians are taking care of their patients and in a situation where the veterinarian had four days, to him that is an emergency situation as the patient could not get their medications. He stated the veterinarian could dispense enough and have enough quantity to give to the patient. He added that the veterinarian has that ability to do that now.

Dr. Heather Talley was on the call and spoke to the Board. She stated that she looks at the health of the human, pet, and environment. She stated that if the veterinarian is looking at dispensing for an animal, we are looking at a complex system that is happening. Dr. Talley stated that not every case or client is the same. She further stated that one must keep in mind that there is a human element and environmental element as well. Dr. Talley asked if one dispenses the same product twice, what kind of waste is being created for the environment. For humans, she stated when she volunteered at Mercy Health Center, she would sometimes bump up the prescription and it became very apparent that some people are not as privileged as others. For instance, Dr. Talley stated that we have a car, we have a home, we take care of our animals, etc. Dr. Talley continued by stating when she was at Mercy, and she would bump those prescriptions up, it would be because a patient would come to her and say he/she needs the medication to catch the bus at a certain time to go to the homeless center. Dr. Talley discussed accessibility being an issue. She gave an example of a visually impaired woman, who was dependent on someone else driving her to the clinic. Additionally, Dr. Talley stated that many cancer patients rely on others to transport them to their treatments, and also take them to the veterinarian clinic. She stated that not all of us have the same privileges as others with accessibility of a drug product.

Dr. Talley discussed environmental concerns with extra waste. She stated that she understood having the wording of "urgent" or "emergency", but that it does cause confusion. Dr. Talley stated you want to have a safe and effective product. She referenced the Animal Medicinal Drug Use Clarification Act of 1994. Dr. Talley stated that no matter if the rule states 96 hours or 14 days, they still have to look at beyond use date of a product. President Stone thanked Dr. Talley for the information.

Dr. Keri Riddick, Executive Director of GVMA, was on the call and spoke to the Board. Dr. Riddick stated she would like to reiterate what Dr. Talley and Dr. Toth had said. Dr. Riddick stated that before she became the Executive Director, she was also a small animal practitioner. In regard to the ability for veterinarians to be able to compound, Dr. Riddick stated that veterinarians are not

appropriately trained to compound. She explained that she did small compounding 15 years ago. She stated that some medications do not mix properly and that is not appropriate with the quality of care owners expect. Dr. Riddick stated that regarding health and privilege, there are veterinarians that have clients that do not have access to a compounding pharmacy in his/her area and have to have products mailed to them. She stated that they will not receive those medications in a 24-48 hour turn around. Dr. Riddick stated that veterinarians know what was able to work for them when the emergency rule was in effect during the pandemic. She requested the Board consider that again.

Mr. Jonathan Marquess, GPhA's Academy of Independent Pharmacy (AIP), was on the call and spoke to the Board. He stated that he reached out to the AIP members and many had concerns. He stated that about 10% of the membership is only compounding and they do have limited hours, while the other 90% stated they were open on Saturday. Lastly, Mr. Marquess stated that the AIP members are not in favor of 14-day request.

Mr. Prather asked Mr. Marquess for clarification as to if the AIP members gave an indication of what he/she would be in favor of if he/she were not in favor of the 14 days. Mr. Marquess responded by stating that few have mentioned that five days would be appropriate. Mr. Azzolin inquired if there were reasons given as to the opposition to 14 days. Mr. Marquess responded that some members stated that it is not needed. He continued by stating that they go to the pharmacy, which may be a rural pharmacy, after hours and felt 96 hours was appropriate and things were working well in that community. Mr. Azzolin asked if what Mr. Marquess was alluding to is they have not seen it be an issue. Mr. Marquess answered affirmatively and stated that there are no concerns from the members of AIP.

Mr. Brinson stated that if there is no issue, then he does not see a reason for the Board to go against GPhA and AIP. President Stone commented that GPhA and AIP did not feel 14 days was needed. Mr. Marquess agreed with President Stone. Mr. Brinson stated that it was mentioned that five days would be appropriate. President Stone stated that is coming from just a few.

Mr. Page commented that he has not heard anything that would persuade him to change it from 96 hours. Mr. Brinson stated he was good either way. Mr. Chang and Mr. Cordle agreed to leave it at 96 hours. President Stone stated that the Board would not be making any changes to Rule 480-11-.02.

Dr. Toth stated that he appreciated everyone's time, but was very disappointed with the Board's ruling on this matter. He discussed the numerous phone calls received at GVMA by veterinarians who feel the profession was being regulated by another body with no input. He stated that the Board's decision adds fuel to the fire. Dr. Toth inquired as to why Georgia pharmacists were against amending the rule to six days. He added that six days of medications does not have an impact on business. Dr. Toth stated that GVMA's request is based on the current rule beginning to have a negative impact on the standard of care. He stated that the emergency rule has expired, but it worked efficiently. Dr. Toth shared the oath he took when he graduated. He stated that the current rule hinders their oath. He further stated that he does not take his oath lightly and rest assured the entire profession feels the same.

Dr. Talley commented that she believes the Board's decision is creating a wedge between veterinarians and pharmacists. She continued by stating this will cause them to go out of state and get it from a 503B outsourcing facility and then they can dispense however much they want.

Mr. Brinson commented that he is pro-veterinarian. He stated that he feels that if there is anything the Board could do to help the veterinarians out, the Board should do it. He further stated that he would be in favor of increasing the daily supply.

Mr. Prather agreed with Mr. Brinson. He asked if the Board could come up with something that satisfies both sides. Mr. Brinson stated that one thing he learned from the pandemic was, sometimes things have gotten better with what we are doing and if a 14-day supply works, he has no problem with it. He added that he does not want to do anything to drive a wedge between the veterinarians and pharmacists.

Mr. Azzolin commented that there are certain times he feels it is best to defer to those who are wiser than him. He stated that he agreed with what Mr. Brinson and Mr. Prather stated; he did not hear a valid argument as to why it would be dangerous to allow additional time. He added that he firmly believes the patient should have a choice in any situation if it is not dangerous to do so. Mr. Azzolin continued by stating that if this can help the veterinarians take better care of patients, he has no issues with it. Mr. Azzolin stated he does not believe the Board should make a decision based on fear and based on the comments from GVMA. He stated that unless someone could provide a reason as to why it is dangerous or would cause harm, he thinks it is appropriate for them to have more time.

Mr. Prather inquired if the Board could table its decision on this matter until the new consumer member is on the Board. He stated that it is the job of the consumer member to protect the interest of the public. President Stone stated that he appreciated everyone's comments and thoughts on this matter. He further stated that the Board is charged with protecting the citizens of Georgia and also making sure the patient gets the care needed. President Stone continued by stating that he was in agreement with Mr. Prather about tabling this subject until the new consumer is on board as that would be a different set of eyes. Mr. Azzolin stated that he agreed with having input from the consumer member; however, he stated there are seven members on the call today. He further stated that if the Board tables the matter, then there would be eight members. Mr. Azzolin stated if the Board voted on a change now, and if four members agreed, it would pass whereas if the Board waited until there were eight members and have a vote of four, there would be a stalemate. Mr. Azzolin made a motion to amend Rule 480-11-.02(1)(d)(1) by changing 96 hours to 10 days. Mr. Brinson seconded the motion. Discussion was held. Mr. Changus stated that the Board could vote, but it should wait to do so when it has the appropriate language drafted before them. He stated it may be more appropriate to direct staff to draft the rule and bring back to the Board for a vote to post. The Board agreed. No motion passed.

Rule 480-15-.02 Registration of Pharmacy Technicians: President Stone inquired as to why this was on the agenda. Mr. Lacefield responded by stating that previously Mr. Azzolin had concerns with the language in the rule, which has been interpreted to mean the technician could not work until he/she has been issued a registration. He stated that Mr. Azzolin's interpretation was that all the applicant needed to do was submit an application. Mr. Azzolin stated that there have been several pharmacists fined because they let a technician work without a valid registration. He further stated that Rule 480-15-.02(b) states that in order to be registered as a pharmacy technician, an applicant shall submit an application to the Board. Mr. Azzolin continued by stating that the rule does not say, "the applicant shall submit and receive approval from the Board as a registered technician". He suggested the rule be amended to clarify that applicants know that he/she must receive the registration prior to practicing as a pharmacy technician. He requested this be clarified so that no pharmacist makes a mistake. Mr. Page responded that the way he understood it was that the person could still work behind the counter and not touch any drugs or perform technician duties. He stated the person could run the register and answer the phone.

Mr. Changus commented that he looks at this as the Board is allowing the technician to perform these duties. He stated the question seems to be if this a mere letting the Board know, or is it in effect a license. He continued by stating that the way the rule reads adds factors that require the

applicant to have certain qualifications, background checks, etc. Mr. Changus stated that this does seem the Board is stating the applicant is okay to perform these duties. He stated the way he looks at it is that it is not simply a notification to the Board. Mr. Changus stated, as Mr. Azzolin pointed out, someone may interpret the rule to say that they have submitted the application and should be good to go. Mr. Changus commented that the Board could add language to clarify the rule, but does not know if that is necessary since this rule has been in effect for a while. Mr. Azzolin commented that he has seen this several times since he has been on Board where a pharmacist got in trouble because he/she thought that once the application was submitted, the technician could work. He stated that he feels the Board is putting a trap out for someone. He stated that the wording is not clear and suggested adding language clarifying that the applicant must submit an application and receive the registration.

Mr. Prather stated that the Board has had many problems with pharmacists and pharmacies allowing either too many technicians or in some cases unregistered technicians working behind the counter, and it would be easy for someone to say “you are not registered yet, but come help me with this”. President Stone agreed that the language could be confusing; however, at this time, he is leaning towards not making any changes to the rule. He stated that the applicant may have something in his/her criminal background that has not cleared yet. He further stated that he does not see anything that warrants changing the rule.

Mr. Changus stated, to Mr. Azzolin’s point, the Board could add clarifying language at the end of the rule stating, “A pharmacy technician may not operate until such time the registration has been approved by the Board”. Mr. Prather commented that he was not opposed to amending the rule, but suggested adding this item to the quarterly newsletter instead. The Board agreed to adding this item to the quarterly newsletter.

Change in Ownership: President Stone stated this topic has been discussed several times by the Board. He added that the Board previously discussed changes in location and receiving a new license number. President Stone stated that the way the rules are written it does reference a change in ownership. He stated that when there is a change in ownership or when a new permit number is issued, it is a big deal. He further stated that he understands that the Board would want to be notified if there are new owners and need to review further for any reason that person should not be the owner of the pharmacy, such as drug diversion or a felony conviction.

Mr. Changus commented that O.C.G.A. §26-4-111(c) states, “Pharmacy licenses issued by the board pursuant to this chapter shall not be transferable or assignable.” He stated that this has impacted a number of questions related to ownership, such as who owns the pharmacy. He further stated that we think of these pharmacies as being location specific, and a change in location is thought of as a transfer. Mr. Changus continued by stating that over the last few years, many have commented on how a change of location and being issued a new license number impacts the business and is problematic. He stated that there was some understanding that maybe there should be flexibility on this, and the Board has granted rule waivers along those lines. In terms of where this is at this point, Mr. Changus stated, if you are transferring ownership, the statute is what it is and is very clear. He stated changing locations may be more negotiable. Mr. Changus stated that it may be more appropriate to identify the places where that language is in the rules and bring back to the Board to see what each of those provisions provides as this impacts a number of rules related to different types of pharmacies.

President Stone discussed changes in ownership and the different levels of ownership. Mr. Changus responded by stated that staff can speak to the complexity and how it impacts them administratively. He stated that the purpose of the statute is to make sure people who are operating pharmacies are equipped to do so, and there are not any concerns related to fraud or convictions that would hinder

that person being in control of a pharmacy. He further stated that if the Board could identify the various places in the rules where this topic is addressed, it could be looked at all at once. The Board agreed to identify the impacted rules.

Pharmacist Refusing to Transfer Prescription: President Stone stated that he knows Mr. Azzolin has spoken about patient choice. He stated that he would like to get the Board's input on this matter. He further stated that the patient has options if he/she is unable to get medications transferred. President Stone stated the new pharmacist could reach out to the physician so the patient could get the care he/she needs.

Mr. Prather commented that in all the years he practiced pharmacy, the patient did not call the pharmacy asking to transfer his/her prescriptions to a new pharmacy. He stated that the new pharmacy would call his pharmacy and state that they have a patient requesting to transfer his/her prescription and inquire if the pharmacy will transfer it to the new pharmacy. Mr. Prather stated there was never an issue with it. He inquired if the law states that a pharmacist is obligated to transfer a prescription. President Stone agreed with Mr. Prather and stated that this matter came up when the new pharmacy could not get the prescriptions from the prior pharmacy.

Mr. Azzolin explained that there were a couple of complaints received where the patient did what Mr. Prather stated. He stated the patient went to the second pharmacy and that pharmacy called the first pharmacy where the prescription was. He continued by stating that the complaint concerned the first pharmacy refusing to transfer the prescription. Mr. Azzolin stated that the rules state that a pharmacist can refuse to fill a prescription, but nowhere in the rules does it say a pharmacist can refuse to transfer the prescription. Additionally, he stated that the rules do not state that the pharmacist must transfer the prescription. Mr. Azzolin stated that the right to transfer or the right to refuse to transfer is not addressed; however, he stated that there is a provision allowing a pharmacist to transfer and a provision that gives the patient the choice of what pharmacy he/she wants to go to. He stated that he thought the pharmacist should not be allowed to deny the transfer because the patient has a right to choose what pharmacy he/she wants to go to. He further stated that it seems to him the pharmacist should not have the right to refuse transfer.

President Stone commented that he knows the patient has a choice. He added that the Board is not preventing the patient from choosing that pharmacy because there are other ways for that prescription to get to the pharmacy. President Stone stated that there are times in his practice where he has to call pharmacies and has had issues. He added that it could be three to four days later and he is still trying to get a transfer. He explained that the pharmacy does not say it is refusing to transfer, but he takes it as a refusal because the pharmacy does not have time to talk to him. President Stone stated that some may say that is hindering patient care, but the patient does have options.

Mr. Azzolin responded by stating that in the particular scenario he described the other option was the patient could go back to the doctor and request the prescription be sent to another pharmacy; however, the doctor refused to write another prescription, so the patient went without his/her medications. He stated that he understood President Stone's point and does not see a reason to modify anything at this time. Mr. Page agreed with Mr. Azzolin and stated he did not see this being a big enough of an issue to create or modify a rule. Mr. Cordle agreed and stated a lot of things have been moved to being electronic. He discussed a scenario where a store called saying they would transfer the prescription and it was not received. He stated he has also seen unsolicited transfers.

Chapter 480-36 Retail Pharmacy Requirements for Remote Prescription Drug Order

Processing: President Stone stated that the Board discussed this at its March meeting. He added

that the proposed changes are in red and additional information gathered from Mr. Azzolin is on Sharepoint. He asked if there were any questions. Mr. Page responded that he did not have additional questions, but wanted to thank Mr. Azzolin for his hard work with working on this matter.

Discussion was held by the Board. President Stone stated if a pharmacist is working in a pharmacy in another state, that pharmacy has to be licensed in Georgia and would be licensed as a non-resident pharmacy. He stated that this concerns a pharmacist being able to remotely enter orders from anywhere in the United States, and must be licensed in the state. He added that if the pharmacist is working in a pharmacy in another state, both the pharmacist and the pharmacy must hold a Georgia license. President Stone stated technicians can be utilized by entering information remotely with the pharmacist overseeing those technicians. He continued by stating the dispensing pharmacy in Georgia has that information, the dispensing pharmacist verifies the order, and the prescription is dispensed from a pharmacy in Georgia. He inquired as to what a non-resident pharmacy permit allowed. He stated if the pharmacy was utilizing technicians in another state, the technician would have to follow the laws and rules of the state he/she is licensed in. He asked what would happen if that state allowed the technician to do certain processes with no monitoring. President Stone stated that he thinks remote order processing has value. He stated that he hears pharmacists on the chain side talking about the pressures of work and amending the rules could be a way to help alleviate that burden on the other pharmacy.

Mr. Azzolin commented on President Stone's concerns about technicians versus the non-resident pharmacy permit. He stated that a lot of this came from his conversations with Ms. Emm. He further stated that Rule 480-36-.03(1) states, "Such pharmacies shall comply with Georgia laws and rules set forth pertaining to ratios and the supervision of pharmacy technicians and pharmacy interns/externs." He stated this language was not changed. If the technician is allowed to perform functions in another state, but the rule states that relative to remote drug order processing, the technician has to comply with Georgia law and rules. He explained that the intent is to prevent that from occurring in those out of state locations. President Stone stated that was helpful information.

President Stone discussed how a GDNA agent would do the inspection and the process of being able to track if anyone violated the rule. Director Troughton commented that he did not see any language in the rule that indicates the prescription was processed remotely. He continued by stating that if there is not any language on the prescription to indicate it was processed remotely, there is no way the agent would know. In response, Mr. Azzolin read the proposed changes to Rule 480-36-.05:

- (1) The primary dispensing pharmacy and the secondary remote entry pharmacist shall share a common electronic file or have technology which allows sufficient information necessary to process a non-dispensing function.
- (2) In addition to any other required records, the primary dispensing pharmacy ~~and the secondary remote entry pharmacy~~ shall maintain retrievable records which show, for each prescription remotely processed, each individual processing function and identity of the pharmacist or pharmacy technician who performs a processing function and the pharmacist who checked the processing function.

President Stone commented that if the agent were to look at the prescription, there is nothing on the prescription saying it was remotely processed. Mr. Azzolin responded by stating that if there is nothing wrong with the prescription, he does not see a reason to dig into it further. He continued by stating that if the agent was trying to see who was involved, there is a section that allows for that. He stated that if the agent goes in and sees the sign on wall that states, "Remote Order Processing Utilized Here", then the agent could ask for all registrations. Director Troughton responded by stating that sounds easy, but is not realistic. He added that if there is a problem and he

has a specific prescription he is looking for, that is easy. He stated that the rule requires those controlled drug classes be separated. He stated that there is nothing in the rule saying they have to separate the remote order. Director Troughton stated that these are items he is thinking of as the Board's investigator. After further discussion, the Board recommended adding language to Rule 480-36-.05 Record Keeping regarding the prescription records be sortable and retrievable from other records by the designation they were remotely processed. Mr. Lacefield stated that staff would add the language and bring back to the Board in May.

Mr. Page commented that he felt it was important to do it the right way for GDNA and to make it as efficient as possible. He inquired if the rule requires the technician to be licensed in Georgia. Mr. Azzolin responded by stating that it does not specifically state that. He continued by stating that he discussed that matter with Ms. Emm and she said since technician registration is addressed in another section of rules that it did not need to be added to this section. Mr. Page responded by stating that if that was the case, the individual would be obligated to become registered in this state.

Mr. Page discussed non-resident pharmacies. He gave an example of a non-resident pharmacy in another state that allows the technician to check and verify prescriptions. He inquired if the way the rule is written, would it prohibit that out of state pharmacy there from doing that. Director Troughton responded that from an enforcement standpoint, if the rule does not clearly state the technician involved in this process has to be a Georgia registered technician, GDNA would not assume that technician had to be registered in Georgia at all if he/she is under the supervision of the pharmacist that is registered in Georgia. Mr. Changus commented that the way O.C.G.A. § 26-4-114.1 reads in trying to manage how pharmacies in other states do business is of concern. He added that there may be some need for clarification in the non-resident pharmacy section as to how this rule would apply. He stated that the enforcement of actions of non-resident pharmacies described in O.C.G.A. § 26-4-114.1 is complicated. Mr. Changus stated that it is a complex question and he does not have a clear answer.

Discussion ensued. Director Troughton commented that when it is a remote pharmacist, there is to be no limitation on when and where they processing the prescription remotely. Mr. Brinson inquired if it was legal today for this to happen. Director Troughton responded that it is not for a retail pharmacy. Mr. Brinson responded that he just wanted to make sure that will become legal. Director Troughton responded that it appears if amendments to these rules are approved, it would allow the pharmacist to be home.

Director Troughton stated that he does not see anywhere that speaks to the security of the information. For instance, he gave an example of an individual remotely processing from out of state and processing information on his/her laptop. Director Troughton referred to language in Rule 480-16-.07(b), which states, "Any pharmacist that transmits, receives, or maintains any prescription drug order or prescription drug order refill authorization either orally, in writing, or electronically shall ensure the security, integrity, and confidentiality of the prescription and any information contained therein;" He asked if it would be helpful to not only include this language in this rule, but also in Rule 480-6-.02 Nonresident Pharmacy Permit. He explained that the patient profiles have sensitive information such as social security number, date of birth, etc. He inquired if that language would be helpful in case that information is compromised.

Mr. Chang inquired as to how GDNA was investigating remote processing in this state that is allowed. Director Troughton responded by stating if GDNA had a misfill case, the agents would do the same thing. He stated that is not his worry when there is a complaint. He stated that his concern was trying to be ahead of that. He added that GDNA will not know other than seeing the sign that says "Remote Order Processing Utilized Here". Director Troughton stated that the agent will not know what prescriptions are being filled remotely. He stated that this will open up a lot

more with remote processing if this rule is approved. He just wants GDNA to be prepared.

Mr. Prather stated that a chain store came before the Board and said they wanted to do this. He further stated that the Board at that time was unfamiliar with the process. He continued by stating that the President of the Board at that time assigned Mr. Prather and another member to work the rule. Mr. Prather stated that in the last two years he finds himself thinking more and more as a voice crying in the wilderness. He stated that he has said multiple times that the Board's job is to protect the citizens of Georgia. Mr. Prather stated that he appreciates Mr. Azzolin's hard work, but disagrees with every line of the proposed changes. He explained that he does not see anything in the proposed changes that will protect the citizens of Georgia. He stated that when you move something out of the state of Georgia, you lose the ability to investigate. Mr. Prather stated that he is a big believer in the saying, "if it is not broke, don't try to fix it". He continued by stating that he sees no reason to move pharmacists' jobs that a Georgia pharmacist could do somewhere else. He stated that Mr. Azzolin stated earlier that every patient has the right to get his/her medications where they want to. He further stated the patient has the right to know how his/her prescription is being filled. Mr. Prather stated that is why the original rule states the pharmacist has to get written authorization from the patient. He stated that he that does not pay much attention to signs up in the pharmacy. Mr. Prather stated that he has yet to speak to a pharmacist that is in favor of this. He continued by stating that he thinks the Board is trying to fix something that is not broken. He stated that he does not see a reason to move things out of state. Mr. Prather stated that he felt it will affect how the law will be enforced. He stated that if there is an issue somewhere, the Board would have to depend on another Board to investigate it. Mr. Prather stated that the rule as written is not a problem and the Board needs to focus on things it knows are issues such as working conditions, adequate staffing, etc. Lastly, he stated that he is personally opposed any changes made to these rules.

President Stone commented that all members want to do everything to protect the citizens of Georgia. He stated that everyone has opinions. Mr. Prather stated that he thinks the Board should not make any decision on the proposed changes until the new consumer member is on board. President Stone thanked Mr. Prather for his input.

Mr. Cordle stated that he believes everyone's perspective is important to listen to. He requested clarification regarding the processing of the prescription. He stated that President Stone summarized it as the processing would happen offsite and then it would come to the Georgia pharmacy for review. He inquired if data entry, sending the label, DUR reviews, were handled offsite. Additionally, he inquired if that offsite pharmacist would take it to the point of sending the prescription to be printed in the Georgia resident pharmacy and then that pharmacy would pick up from there. He stated he realizes some pharmacies use a 2-3 point verification. President Stone responded by stating the pharmacist is offsite doing data entry, and then it is sent to the dispensing pharmacy where the label is printed. He added that the final check comes from the dispensing pharmacy.

Mr. Azzolin went back to the technician question that arose earlier. He stated the reason why the technician issue is addressed in there, is because if the pharmacist is in a non-resident pharmacy, they may have technicians in there. He continued by stating if the non-resident permit does not require the out of state pharmacy to register their technicians this rule would not apply. He stated that relative to technicians, if they were doing technician duties compatible with what Georgia believes a technician duty should be, it means they are not doing things that involve professional judgement. Mr. Azzolin stated that the changes in Rule 480-36-.03 read as follows:

(43) The secondary remote entry pharmacist on duty at the secondary remote entry pharmacy shall be responsible for assuring the accuracy of prescriptions for which he/she performed or supervised

remote prescription drug order processing. This responsibility shall exclude the compounding, preparation, dispensing, and counseling for prescriptions for which he/she has performed remote prescription drug order processing. The pharmacist shall verify the data entered into the computer system is consistent with the prescription. The pharmacist shall conduct a drug regimen review for each prescription. Any activity requiring the exercise of professional judgment shall be performed by the secondary remote entry pharmacist on duty and shall not be delegated to pharmacy technicians. The secondary remote entry pharmacist on duty at the secondary remote entry pharmacy shall be responsible for verification of all activities performed by pharmacy technicians, or pharmacy interns/externs.

President Stone stated that he heard from GDNA that it is important to list out the prescriptions so the agents could identify those easier and more efficiently. In regard to the language in Rule 480-16-.07(b) discussed by Director Troughton, he stated he does think it is important to add that in.

Mr. Page stated that Mr. Azzolin answered his earlier concerns. He stated that he feels the Board should add the language noted by Director Troughton to make it more efficient for GDNA.

President Stone stated the Board will discuss again with the proposed changes in May. In regard to the confidentiality part, he understands what Mr. Azzolin explained and that is already being addressed. Mr. Lacefield stated that staff would work on the changes and bring back for the May meeting.

At this point in the meeting, the Board went back to its discussion of the rule waiver petition from Maxor Specialty Pharmacy, PHHH000053. Mr. Page made a motion to grant the waiver. Mr. Azzolin seconded, and the Board voted in favor of the motion, with the exception of Mr. Prather, who opposed.

President Stone mentioned that Ms. Carrie Ashbee resigned from the Board. He stated that Ms. Ashbee was a great asset and the Board thanks her for her service. President Stone stated that Mr. Jim Bracewell has been appointed as Ms. Ashbee's replacement as consumer member.

Mr. Brinson made a motion and Mr. Cordle seconded, and the Board voted to enter into **Executive Session** in accordance with O.C.G.A. § 43-1-19(h) and § 43-1-2(h) to deliberate and to receive information on applications, investigative reports, and the Assistant Attorney General's report. Voting in favor of the motion were those present who included Michael Azzolin, Michael Brinson, Young Chang, Cecil Cordle, Chuck Page, Bill Prather, and Dean Stone.

Executive Session

Georgia Drugs and Narcotics Agency – Dennis Troughton

No report.

Cognizant's Report – Michael Azzolin

- GDNA Case # B34160
- GDNA Case # T34188
- GDNA Case # B34157
- GDNA Case # A34144
- GDNA Case # B34159
- GDNA Case # B34131
- GDNA Case # B34071
- GDNA Case # A34045
- GDNA Case # A34042

- GDNA Case # A34187
- GDNA Case # B34077
- GDNA Case # B34099
- GDNA Case # B34100
- GDNA Case # B34179
- GDNA Case # B34108
- GDNA Case # B34091
- GDNA Case # B34072
- GDNA Case # B34090
- GDNA Case # B34139
- GDNA Case # A33920

Cognizant's Report – Dean Stone

- GDNA Case # B34126

Attorney General's Report – Max Changus

Mr. Changus presented the following consent orders for acceptance:

- S.M.
- B.F.P.
- H.H.I.
- M.D.P.
- C.V.S.P.
- C.V.S.P.

Mr. Changus discussed the following cases:

- GDNA Case #A34134
- GDNA Case #A33551

Executive Director's Report – Eric Lacefield

No report.

Applications

- D.L.F.
- L.D.V.
- A.A.L.
- J.C.A.
- A.N.W.
- A.D.W.
- K.P.R.
- Y.S.
- I.P.I.
- V.C.P.

Correspondences/Requests

- C.P.
- C.L.
- H.H.
- I.S.
- M.C.P.
- C.D.

- B.R.P.
- R.C.P.
- K.T.N.
- C.M.C.
- B.M.Z.
- K.A.C.
- L.J.L.
- S.M.S.
- J.H.P.C.

No votes were taken in Executive Session. President Stone declared the meeting back in Open Session.

Open Session

Mr. Prather made a motion for the Board to take the following actions:

Georgia Drugs and Narcotics Agency – Dennis Troughton

No report.

Cognizant’s Report – Michael Azzolin

- GDNA Case # B34160 Misfill Policy #1
- GDNA Case # T34188 Accept Voluntary Surrender
- GDNA Case # B34157 Close with letter of concern
- GDNA Case # A34144 Null and void permit
- GDNA Case # B34159 Close with letter of concern
- GDNA Case # B34131 Refer to the Department of Law
- GDNA Case # B34071 Refer to the Department of Law
- GDNA Case # A34045 Refer to the Department of Law
- GDNA Case # A34042 Null and void permit
- GDNA Case # A34187 Refer to the Department of Law
- GDNA Case # B34077 Close with no action
- GDNA Case # B34099 Close with no action
- GDNA Case # B34100 Close with no action
- GDNA Case # B34179 Close with no action
- GDNA Case # B34108 Close with no action
- GDNA Case # B34091 Close with no action
- GDNA Case # B34072 Close with no action
- GDNA Case # B34090 Close with no action
- GDNA Case # B34139 Close with no action
- GDNA Case # A33920 Table pending receipt of additional information

Cognizant’s Report – Dean Stone

- GDNA Case # B34126 Close with no action

Attorney General’s Report – Max Changus

Mr. Changus presented the following consent orders for acceptance:

- S.M. Public Consent Order accepted
- B.F.P. Private Consent Order accepted
- H.H.I. Private Consent Order accepted

- M.D.P. Private Consent Order accepted
- C.V.S.P. Public Consent Order accepted
- C.V.S.P. Public Consent Order accepted

Mr. Changus discussed the following case:

- GDNA Case #A34134 Table pending receipt of additional information

Executive Director’s Report – Eric Lacefield

No report.

Applications

- | | | |
|----------|------------------------|---------------------------------------|
| • D.L.F. | Pharmacy Technician | Approved for registration |
| • L.D.V. | Pharmacy Technician | Approved for registration |
| • A.A.L. | Pharmacist Reciprocity | Denied application |
| • J.C.A. | Pharmacist Reciprocity | Denied application |
| • A.N.W. | Pharmacist Reciprocity | Approved application |
| • A.D.W. | Pharmacist Reciprocity | Approved application |
| • K.P.R. | Pharmacist Reciprocity | Approved application |
| • Y.S. | Pharmacist Intern | Approved extension thru
06/30/2023 |
| • I.P.I. | Non-Resident Pharmacy | Approved for renewal |
| • V.C.P. | Non-Resident Pharmacy | Approved for renewal |

Correspondences/Requests

- | | | |
|------------|---|--|
| • C.P. | Notice of Discipline | No action |
| • C.L. | Notice of Discipline | No action |
| • H.H. | Notice of Discipline | No action |
| • I.S. | Notice of Discipline | No action |
| • M.C.P. | Notice of Discipline | No action |
| • C.D. | Notice of Discipline | No action |
| • B.R.P. | Notice of Discipline | No action |
| • R.C.P. | Notice of Discipline | No action |
| • K.T.N. | Correspondence | Table pending receipt of
additional information |
| • C.M.C. | Correspondence | Table pending receipt of
additional information |
| • B.M.Z. | Request to terminate probation | Approved request |
| • K.A.C. | Request for 4 th attempt to retake
MPJE | Approved request |
| • L.J.L. | Request for 4 th attempt to retake
MPJE | Approved request |
| • S.M.S. | Correspondence | Board directed staff to respond
by stating the rule states “agent
of service” and that individual
does not have to be in Georgia. |
| • J.H.P.C. | Remote Services Policy &
Procedures | Approved |

Mr. Brinson seconded, and the Board voted in favor of the motion, with the exception of Mr. Azzolin, who abstained from the vote regarding GDNA Case # B34126, and J.H.P.C.

Miscellaneous

President Stone stated the Board's May meeting will be held virtually. He added that Mr. Lacefield would be reaching out to the University of Georgia (UGA) to see if the Board could meet in person in June. Mr. Lacefield commented that he has reached out to UGA and they are currently looking into accommodations. President Stone stated that the Board would meet in person in July at the DCH office in Atlanta.

President Stone inquired if there was any news regarding the office moving from 2 Peachtree Street. Mr. Lacefield responded that there was no new information to provide. He added that he thinks it is something that will take some time. President Stone commented that when the Board meets at the DCH office, he is suggesting board members only for in person meetings at this time. He added that if the meetings were held offsite at the University of Georgia or South University, the public could attend in person. President Stone stated that he has spoken with GPhA about hosting some meetings. Additionally, he stated there is a hotel across the street from GPhA.

Mr. Lacefield commented that members of the public have let him know they like the availability of continuing to meet virtually. He added that there were 40 people on today's call. He stated that at the in person meeting in Savannah, there were not many people that showed up. He stated that he does receive a lot of comments to have virtual as an option for the public. Mr. Azzolin stated that it should be an option for the public to attend either in person or call in.

There being no further business to discuss, the meeting was adjourned at 3:59 p.m.

The next scheduled meeting of the Georgia Board of Pharmacy will be held via conference call on Wednesday, May 11, at 9:00 a.m., at the Department of Community Health's office located at 2 Peachtree Street, N.W., 6th floor, Atlanta, GA 30303.

Minutes recorded by Brandi Howell, Business Support Analyst I
Minutes edited by Eric Lacefield, Executive Director